

Lincoln Police Department Thomas K. Casady, Chief of Police 575 South 10th Street Lincoln, Nebraska 68508

402-441-7204 fax: 402-441-8492



MAYOR COLEEN J. SENG

www.ci.lincoln.ne.us

October 14, 2003

Mayor Seng and City Council City of Lincoln City County Building Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Harris – Fraley VFW #131, 5721 Johanna Road requesting a class C liquor license.

Donald Gillham, Treasure of the club has requested that he be approved as the manager of this liquor license.

A background investigation on Mr. Gillham produced no areas of concern.

The Lincoln Police Department is however recommending denial of this application based upon the applicant's failure to obtain the special zoning permit required by the City of Lincoln.

THOMAS K. CASADY, Chief of Police



# STATE OF NEBRASKA

Set date 10/12/03 PH: 10/27/03:30ph



Mike Johanns

October 3, 2003

City Clerk County/City Bldg 555 South 10th Street Lincoln NE 68508

NEBRASKA LIQUOR CONTROL COMMISSION

Forrest D. Chapman Executive Director

301 Centennial Mall South, 5th Floor P.O. Box 95046

Lincoln, Nebraska 68509-5046

Phone (402) 471-2571

Fax (402) 471-2814 TRS USER 600 893-7352 (TTY)

web address: http://www.abl.orgzhome/NLCC/

Class C

HEBRASKA TRALEY VEW STALL Johanna Rd Sincoln NE

Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

## TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). 1) You may choose NOT to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- There is a recommendation of devial from the local governing body. 1)
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE...A LICENSEE MUST BE "PROPERLY" LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS; AND, A LICENSE IS EFFECTIVE:

- Upon payment of the license fees;
- 2) Physical possession of the license;
- Effective date on the license. 3)

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION

icensing Division

Enclosures

Rhonda R. Flower Commissioner

Bob Logsdon Chairman

R.L. (Dick) Coyne Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

FORM 35-4001 REV. 12/99

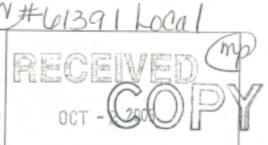
## APPLICATION FOR LICENSE

Nebraska Liquor Control Commission PO Box 95046, 301 Centennial Mall South Lincoln, NE 68509-5046

http://www.nol.org/home/NLCC/

Phone: (402) 471-2571 Fax: (402) 471-2814

INSTRUCTIONS: Include: 1. Applicable fees payable to Liquor Control Commission 2. Copy of birth certificate or naturalization papers proving U.S. citizenship for each individual and spouse named on application (not required of corporations or spouse(s) who file an affidavit of no interest with application, Commission form 4178 3. Corporations must include copy of articles of incorporation as filed with the Secretary of States office in the state of Nebraska 4. Commission checklist, form 4251 5. Fingerprint cards and



NEBRASKA LIQUOR CONTROL COMMISSION

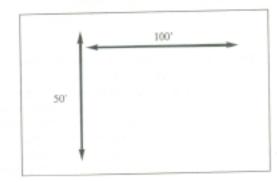
processing fees (are required of individuals, all partners and spouses. Corporate applicants must file for CEO/Manager & stockholders/member holding over 25% stock/interest. 6. All applications must be typewritten or printed clearly. 7. Submit in Triplicate

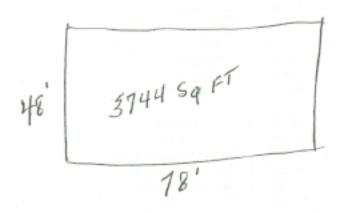
Stockholders/member holding over 25% stock/interest.				
CLASS OF LICENSE FOR WHICH  Class of License (Check applicable class)	APPLICATION IS M	Registration Fee	License Fees	Corporate Surety Bond
☐ A Beer, On Sale Only – Inside Corporate Lim	its	\$45.00	Collected at Local Level	
□ F Beer, On Sale Only – Outside Corporate Lin	mits	\$45.00	Collected at Local Level	exempt
□ B Beer, Off Sale Only – Indicate Inside or Ou	tside Corporate Limits	\$45.00	Collected at Local Level	exempt
<ul> <li>J Wine, Beer, On Sale Only – Inside Corporat</li> </ul>	te Limits	\$45.00	Collected at Local Level	exempt
<ul> <li>I Spirits, Wine, Beer, On Sale Only – Inside Only</li> </ul>	Corporate Limits	\$45.00	Collected at Local Level	exempt
<ul> <li>D Spirits, Wine, Beer, Off Sale Only – Inside 0</li> </ul>	\$45.00	\$150.00	exempt	
<ul> <li>D1 Spirits, Wine, Beer, Off Sale only – within</li> </ul>		410100	\$150.00	exempt
extraterritorial zoning jurisdiction		\$45.00	\$150.00	exempt
C Spirits, Wine, Beer On & Off Sale - Inside	\$45.00	Collected at Local Level	exempt	
<ul> <li>M Bottle Club (Spirits, Wine, Beer, on Sale)</li> </ul>	\$45.00	Collected at Local Level	exempt	
☐ H Nonprofit Corporation	Nonprofit Corporation			
☐ K Wine Only, Off Sale				exempt
☐ O Boat	\$45.00 \$45.00	Collected at Local Level \$ 50.00	exempt	
□ V Manufacturer of Beer, Wine & Distilled Spir				
□ X Wholesale Liquor	☐ X Wholesale Liquor			\$10,000 min. \$ 5,000 min.
☐ W Wholesale Beer	\$45.00 \$45.00	\$500.00 \$250.00	\$ 5,000 min.	
☐ Y Farm Winery		\$45.00	\$250.00	\$ 1,000 min.
□ L Craft Brewery (Brew Pub)		\$45.00	\$250.00	\$ 1,000 min.
TYPE OF APPLICATION	CORPOR		Y BOND INFORMATIO	\$ 1,000 mm.
(place appropriate number in box)  1= Individual License requires Form 1 to be attached.  2= Partnership License requires Form 2 to be attached.  3= Corporate License requires Form 3 and 4 and Manager Application be attached.	Start Date Month/Day	/Year	Bond Number	
Trade Name (name of business)  HARING FRAIRY UFW 131  1) Street Address of Proposed licensed premise  5721 John IVAN RD  Is this located inside the city limits  Circle (XES)/NO	2) Mailing Add	N 4	per at premise to be licensed	
City County Zip Code  LINCOLN LANCASTOR 6850	.   *		County Zij	p Code

# DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

Ν

In the space provided draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations where only a portion of the entire bldg, is to be covered by the license. No blue prints will be accepted. Be sure to indicate the direction North and number of floors of the building.





Example: East portion approximately 50' x 100' of main floor of 3 story building plus basement approximately 30' x 50' at the East end.

	Yes	(No)	Explanation/Comments
Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor or violation of a federal or state law; or a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.			

	1000	10000	
	Yes	No	Explanation/Comments
<ol><li>Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required).</li></ol>		V	COF
<ol> <li>Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license? If yes, attach copy.</li> </ol>		V	
<ol> <li>Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.</li> </ol>		1	
<ol><li>Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.</li></ol>		v	
<ol><li>Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.</li></ol>			
7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain?		V	
<ol> <li>Are the premises to be licensed within 150 ft. of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft. of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises.</li> <li>Per Sec. §53-177.</li> </ol>		V	
<ol> <li>Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the persons exact duties.</li> </ol>		V	
10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the person(s) who will be authorized to write checks and/or make withdrawals on accounts at such institutions.	1500	90-17 14	KER BANK 10ER FRANK CRIPÉ 256:05AF JOHN GRADY MASTER DON GUILHAM
11. List all past and present liquor licenses held by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.			NE
12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.	FRO		11hpm Quartermaster (200 Commander 2004 PRESIDENT
<ol> <li>List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.</li> </ol>	. 5	) /h Y	UFU 131
14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership, if leased submit a copy of the lease covering the entire license year. (Documents must show title or lease held interest in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed).		O	WHED
15. When do you intend to open for business?	wher	Buil	DING IS BONE

heet. NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY STATE)
SULNKGRADY	19983	2003	LINLOIN, NE
FRANCIE CRIPE	19993	2003	1510 KARA 40 LINLE W. ME 1835 NO 6711
DONALD G. G. Ilhum	1993	2003	LINCOLN, NE
Spouse SAME			7
1			

The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and/or inaccurate.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public. Must be signed by applicant and spouse; if a partnership, all partners and spouses must sign and corporation, all stockholders/members (holding more than 25% of the stock or interest), officers, directors and spouses must sign. Full names only, initials not acceptable.

sign here Z sign here sign	Jahn K Grady Franci E Grave Durdd G Gueka	sign here sign here sign here	Maxine R. Grady Dellia L Cripa Bety Com Gueine
Subscr	ribed in my presence and sworn to before me this _	25	day of September 2003.

In compliance with ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

(SEAL)

GENERAL NOTARY-State of Hebraska SUZANNE K. McMICHAEL My Comm. Dep. Nov. 14, 2004

Notary Public Signature

FORM 35-4010

# Corporation/LLC Application for License - Form 3 Nebraska Liquor Control Commission

INSTRUCTIONS:

 Fingerprint cards (2 cards per person) must be submitted for: a) each stockholder owning over 25% 1) Application and application for manager must be typewritten and submitted in triplicate of the stock, b) chief executive officer, c) proposed manager and d) all spouses

Information regarding spouses must be completed



CONTROL COMMISSION

Home Address (1) Corporate Street Address (1) Name of Registered Agent Name of Corporation That Will Hold License. Attach copy of Articles of Incorporation Name HARRIS-FRADEY 2425 FSIKWAY BIND JONAID G GIIIHAM LINCOIN 5721 JOHANNA RD JOHN K GRAD 5/2/0/N UFW POST 131 IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER County Liquor Control Commission Mailings Mailing address for receipt of Name of Proposed Manager PRESIDENT DONA10 & G11/ham URRE Zip Code 68531 State Total Number of Shares (if corporation) Home Telephone Number 402-438-9715 Date of Birth YON PROFIT State Corporate Telephone Number Zip Code TO BE ASSIGNED 68507 Social Security Number

# Corporation/LLC Application for License - Form 3

Name of Officers, Directors. Members and Spouses. Give Last Name, First	Social Security Number	Date of Birth	and Spouses. Give Last Name, First Social Security Number Date of Birth Title	Number of Shares/%
Name, Middle, Maiden, and any aliases				47
NAME TO BANK GRADU			PRESIDENT	PROFIT
Spouse Name Akma, AC D Go. n b.u.				
/WHX/WE \				NON
NAME FRANICS E CRIPE			LOMMINION	PRUFIT
Spouse Name A. 1. 2 1 C D . 0 C				
MILLIE & CRITE				NON
NAME DONAID G GILLARY		525 7	TREUSE	PeriT
Spouse Name Botty A GIIIhum				
NAME				
Spouse Name				
NAME				
Spouse Name				
NAME				
Spouse Name				

(If Necessary, Continue on Separate Sheet)

# Corporation/LLC Application for License - Form 3

Nebraska Liquor Control Commission

Is this Corporation/LLC controlled by another Corporation? 

YES KNO

Name of Control Corporation

as a shareholder MUST file an organizational chart listing all shareholders and/or corporations owning more than 25% stock and listing of the percentage of stock If YES, LIST EACH STOCKHOLDER/MEMBER OWNING MORE THAN 25% stock/interest in that corporation/LLC. Any applicant who has a Corporation

Please indicate below your corporate tax year with the IRS

Starting Date: 7 - 1 - 3003 Ending Date: 6 - 30 - 2004

ś County

GENERAL NOTARY-State of Mebraska SUZANNE K. MCMICHAEL
Mr Carm. Bp. Nov. 14, 2034

In Compliance with ADA, this form is available in other formats for persons with disabilities A ten day advance period is requested in writing to produce the alternate format

Page 3 REV 02/01 FORM 35-4183

# Application for Corporate Manager

\*Must Be A Nebraska Resident\*

Please submit in Triplicate

Return to:

Nebraska Liquor Control Commission, PO Box 95046

301 Centennial Mall So., Lincoln NE 68509

Phone: (402) 471-2571 Fax: (402) 471-2814 Web address: http://www.nol.org/home/NLCC/

	LIQUOR LICE	NSE INFOR	MATION	Guiren		
NAME OF LICENSED CORPORATION			CLASS	& LICENS	E NUMB	ER
HARRIS-FRAIE, UFU	0131			(		
TRADE NAME OF LICENSED PREMISE						
VFW CluB						
STREET ADDRESS OF LICENSED PREMISE	СПҮ		COUNTY			ZIP CODE
5721 Johanna Rd On behalf of the corporation, I designate this indivi	LINC	ól N	LANCAS	TOR		68507
Signature of Corporate Presiden		unger.	John	ride	y r	ndy
APPLICAN	T INFORMAT	ION (MUS	T BE 21 OR	OVER)		/
NAME (LAST, FIRST, MIDDLE, MAIDEN) GILLHAM DONALD GENE	SEX S	OCIAL SECURI		DATE OF I		PLACE OF BIRTH
HOME STREET ADDRESS	CITY	′	COUNTY		STATE	JUESPIZINGS N ZIP CODE
1835 No 67 TH ST	4/	VCOLN	LANCHS	Too	NE	68505
HOME TELEPHONE WUMBER (462) 464-2944	BUSINESS TELE	PHONE NUMB				NUMBER & STATE
SPOUSE'S INF	ORMATION	(IF NOT M	ARRIED INI	DICATE)		
GILL NAME (LAST, FIRST, MIDDLE, MAIDEN)	Pike		CURITY NUMBER	R DR	IVERS LI	CENSE NUMBER
DATE OF BIRTH:	111.6	PLACE OF 1	BIRTH Bloom		A/	
READ CAREFULLY. Answer completely has anyone who is a party to this application, or harge means any charge alleging a felony or mr resolution. List the nature of the charge, whe harges pending at the time of this application.  Yes No	their spouse, ever isdemeanor violati	been convicte on of a federa	d of or plead guil l or state law; or	ty to any ca a violation	riminal c	l law, ordinance



Have you or your spouse ever made a compror     NO	nise settler	ment for v	riolation	of such laws?				
4. Do you, as a manager, have all the qualification Nebraska Liquor Control Act (§53-131.01)	ons require	ed by any	person e	ntitled to hold a Nebraska Liqu	uor Lic	ense?		
<ol> <li>Have you filed fingerprint cards and PROPEI ☐YES ☐NO</li> </ol>	R FEES (if	f check, m	nake out	to the NE State Patrol), with the	his app	olication?		
RESIDENCES FOR THE PA	AST 10 Y	EARS, Al	PPLICA	NT AND SPOUSE MUST C	OMPI	LETE	16.11	
APPLICANT: CITY & STATE	FROM	EAR TO	SPOUS	E: CITY & STATE		FROM	AR TO	
DONIALD GENE GILLHAM ZINCOLN, NE	1986	2003	BETTY ANN GILLHAM LINCOLN, NE			1986	2003	
EMPL	OYERS -	LIST L	AST TW	O EMPLOYERS				
YEAR NAME OF EMPLOYER FROM TO				NAME OF SUPERVISOR	TEI	TELEPHONE NUMBER		
1950 1954 125 NAGO	,	0		US NAVY JOHN HEDGE	 N	ot Livi	NG	
STATE OF NEBRASKA )  ) SS  COUNTY OF  The above individual(s), being first duly sworn upon oath, depondent on the application, that said application has been read and that the content the applicant(s) shall be deemed guilty of perjury and subject to put the undersigned applicant hereby consents to an investigation of Federal), and bank or lending institution records, and said applicant Control Commission and any other individual disclosing or release affidavit of non participation may be attached.  The undersigned understand and acknowledge that any license issues is incomplete and inaccurate.	nts thereof an senalties prov his/her backg nt and spouse ing said infor	d all stateme ided by law. round includ waive any ri mation to the	nts contain (Sec. §53 ling all rec- ights or cau Nebraska	ed therein are true. If any false statemer -131.01) Nebraska Liquor Control Act. ords of every kind and description includates of action that said applicant or spous Liquor Control Commission. If spouse	ing polic se may ha has NO	le in any part of the records, tax re ave against the h interest directly	this application, cords (State and Vebraska Liquor or indirectly, an	
Subscribed in my presence and sworm to before me this 25th day of Soydember 2003  Suganne X MC Muse Notary Signature & Seal	hack		Bell Subscrib day of x	Signature of Spouse (If Signature of Spouse (If September 2003  Lyanne J. M Notary Signs		41	el	



